



## 1ST INTERNATIONAL CONFERENCE ON COLLECTIVE HEALTH AND PRIMARY HEALTH CARE

### RULES FOR SUBMISSION OF PAPERS

Within the setting of the **5th People's Health Assembly (PHA5)** of the People's Health Movement, to be held from April 7 to 11, 2024 in Mar del Plata, Argentina, we invite you to participate in the 1st International Conference on Collective Health and Primary Health Care. The Conference is organized by the National University of Mar del Plata (UNMP), the School of Medicine of the UNMP, the Argentine Federation of General Medicine (FAMG) and the Association of General Medicine of Buenos Aires (AMGBA).

The purpose of the conference is to make visible the experiences and practices carried out by members of health teams as well as by members of the communities of the regions where the PHM is present, to offer another instance of active participation (voice) in the Assembly, to encourage research activities and to favor scientific sovereignty through the systematized diffusion of local knowledge and practices.

The Scientific Committee of the Conference (SC) is plural, broad, diverse, interdisciplinary and international. The members of this SC are local academics from various National Universities and other Universities from all continents related to the PHM, dedicated through their scientific work to the production of knowledge and evidence to support the struggle for the right to Health.

All accepted papers will be published in the Conference Proceedings with an ISSN number (International Standard Serials Number) that will allow the papers to be always available on the website regardless of the country of publication or language of the papers. Certificates will also be provided.

#### **Who can participate?**

Anyone interested in sharing their experiences and practices in the thematic areas detailed below. This Call is open to members of health teams, members of the academic community, social activists and community members from any country.

#### **How can you participate?**



By submitting their work as detailed below. If accepted, these papers will be presented during the Assembly.

If you have any questions, please write to us at

[conferencia.amsmp@gmail.com](mailto:conferencia.amsmp@gmail.com)

The following are the main topics and how to send your papers.

### Submission of papers:

- Papers may only be submitted through the Assembly page (<https://phmovement.org/es/pha5>) and the page of the Escuela Superior de Medicina - UNMDP (<https://medicina.mdp.edu.ar/>) **USING THIS LINK** <https://sites.google.com/view/asp5/inicio?authuser=0>



- Once the abstract has been received, a confirmation e-mail will be sent. Each author must ensure that his/her paper has been received correctly.
- All papers will be evaluated by Juries with wide experience in the selected thematic area. The Evaluation Committee is plural, broad, diverse, interdisciplinary and international. The members of this SC are local academics from different National Universities and other Universities from all continents related to the PHM, dedicated through their scientific work to the production of knowledge and evidence to support the struggle for the right to health.
- Once the papers have been accepted, a payment of 10 USD will be required for each paper. Payment will be made at the registration desk at the Assembly headquarters in the city of Mar del Plata at the time of accreditation. This money will be used to carry out the activities planned during the Assembly.



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**People's Health Movement**



Mar del Plata 2024  
**PHA5**  
"Making  
"Health For All"  
our Struggle for  
"Buen Vivir!"



**MSP Julio Monsalvo**  
Movimiento por la Salud de los Pueblos  
Latinoamérica - Sub Región Sur



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- At least one author must be registered at the Assembly ([Click here to register](#)).
- Each author may present as many papers as he/she wishes.
- Papers presented at other events may be presented at the Conference.
- Papers that are already published (either in printed or electronic format) will not be accepted.
- Those studies involving human subjects must have been approved by a Research Ethics Committee. Exceptions are those studies that used public or anonymized data.
- Clinical research or bibliographic reviews will not be accepted.
- If you have any questions, please write to us at: [conferencia.amspp@gmail.com](mailto:conferencia.amspp@gmail.com)

### Thematic axes

- Primary Health Care.
- Inclusion, diversity and gender.
- Health and human rights.
- Food sovereignty.
- Health territories and PHC.
- Ecosystem health: food, energy, climate (including Julio Monsalvo's "7 A's": air, water, food, shelter, love, learning and art).
- Social epidemiology and health inequalities.
- Health of native peoples, promotion of ancestral and popular knowledge in health.
- Community mental health.
- Emancipatory community participation.
- Workforce training policies in Collective Health and Primary Health Care.
- Administration and management of socio-health organizations.

### Papers may be presented as:

1. Research work: qualitative, quantitative or mixed approach.
2. Experience report.
3. Health program and project.
4. Images and other communicational tools.

(See Annex 1 at the end)



## Timeline

Start of the Call for papers: January 16, 2024

**The deadline for the submission of papers has been extended to March 10, 2024**

Date of notification of acceptance of papers: March 25, 2024.

## Mode of presentation:

- Papers will be presented in poster or oral presentation format. The Evaluation Committee will select the abstracts that will be presented orally. The rest of the papers will be presented as posters.
- At the end you will find Annex 1 where the suggested structure for the 4 (four) modalities of presentation of the papers is presented.
- The result of the evaluation of the papers will be sent to the main author by e-mail.
- At the moment of notifying the main author, the suggested model for the oral or poster presentation will be sent.

General format for abstract presentation (it is the same format for research papers, experience reports, health programs and projects, and images and other communicational tools).

- Language: may be presented in Spanish or English.
- Size: A4.
- Margins: 2.54 cm (top, bottom, left and right).
- Title font: 12 point Calibri, bold and capital letters.
- Authors: Last name(s) followed by first name(s). Author information should be complete and separated by semicolon, Calibri 10 point, bold and left aligned.
- Author affiliation font: 10-point Calibri, left-aligned.
- Corresponding author information: indicate at least one corresponding author per paper with full name and e-mail.
- Abstract font: 11-point Calibri and justified.
- It should contain a maximum of 500 words (not including title, authors or affiliation).
- There is no limit to the number of authors.
- Bibliographical references: references should not be included.



- A fancy title may be added, which must precede the title of the paper<sup>1</sup> (the fancy title is optional, but the descriptive title is mandatory). It is important that the title has enough information to facilitate subsequent search.
- Keywords: three to five words. We recommend that keywords be specific to the abstract, but reasonably common within the subject discipline (you may use MeSH/DeCS terms). We suggest using: <https://decs.bvsalud.org/es/edicion-actual/>

## EVALUATION CRITERIA

Interdisciplinarity, rights perspective, originality, intersectoriality and social participation will be taken into account.

## Annex 1: Categories of presentations

The suggested structures for each modality of work are presented below.

### 1) RESEARCH WORK

This means the submission of a study in which a description and/or comparison of one or more variables in one or more groups is carried out. A research work may have a specific approach (i.e., purely qualitative or quantitative) or, based on its design and analysis, both methodologies may co-exist and complement each other, with a predominance of one or the other approach. Then, in the "Materials and methods" section, when they indicate the design used, they may be: qualitative or quantitative-quantitative. The meaning of each approach is developed below.

The quantitative approach approaches reality in such a way as to obtain percentages, trends and statistical frequencies, among other parameters. The qualitative approach seeks to understand the problems of reality, aiming to show qualities, meanings,

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<sup>1</sup> As an example of fancy titles:

Ex 1: "Walking vulnerabilities". Results of field work conducted during pandemic and pandemic by students and teachers of the School of Medicine - UNMDP.

Ex 2: "Building territories of tenderness". Experiences of the UNMDP Game Library in vulnerable neighborhoods of General Pueyrredón during the period 2015-2022.



significances, valuations and not only quantities. They contribute to interpret the complexity of situations in a given context.

It is suggested to use the following structure

### A) What is the suggested structure of a qualitative approach paper?

- Introduction: Define the problem (it is suggested to express it as a question), formulate the objectives (what is to be investigated). Theory to which the researcher adheres (research paradigm or School of Thought). Context of the study.
- Method: Refers to the type of methodological strategy for data collection. They can be: individual or group interviews, participant observation, if focus groups were approached, key informants. Use of triangulation, etc. Other types of designs can be: individual case studies; ethnographic field studies; cooperative research; participatory action research; reflexive critical action research, etc.
- Data analysis: Content analysis, discourse analysis, narrative analysis, etc.
- Ethical considerations
- Results: Corresponds to data analysis. Here it differs from quantitative research in the way the data are interpreted. The style is narrative. It should be clarified that in the social sciences "there are not necessarily conclusive results referring to universal rules", but sometimes one contributes initial reflections, advances in the deepening of the topic, as well as the description of its complexity, etc.
- **Conclusions:** Interpret and relate the results obtained to the problem or object of research raised. Analyze the impact of the results, showing strengths and weaknesses of the study. Care should be taken not to generalize, but rather to indicate the limits of the research.
- **Proposals, recommendations and contributions to Collective Health:** Identify what contributions are made to the community and what other lines of research may arise.

### B) Quantitative approach

**Introduction:** Identification, delimitation and justification of the research topic-problem. Background of the research topic-problem in scientific literature, social organizations,



international organizations, legislative bodies, etc. What aspects are already known and which are still to be known?

**Objectives:** What do we want to do? To state with an infinitive verb; to make explicit about an action to be carried out; it has to be located in time and space. Objectives respond to causes and determine activities.

**Materials and methods:** How am I going to do it? It includes: Study design, location, delimitation of the geographical area. Time period. Population and sample. Data collection techniques and instruments. Definition and measurement of variables. Data analysis plan.

#### **Ethical considerations.**

**Results:** How am I going to express what I found? It is a statement of figures without interpretation. Example: epidemiological results (gender, age, etc.). Descriptive statistics: percentages, ratios or rates for qualitative variables; mean, SD, median and ranges for variables. Inferential statistics (if applicable) comparisons, OR, RR and p-value. Remember that the results must be connected to the objectives.

**Conclusions:** Interpretation of the results in the light of the proposed theoretical framework and the background presented in the introduction. How do I explain what I found? Is it in relation to what the literature says? Which aspects were resolved and which were not? Mention the strengths and limitations of the work.

**Proposal, recommendations and contributions to Collective Health:** What impact does the research have? How could it be applied? New lines of work.

## **2) EXPERIENCE STORIES**

It describes, in the form of a story, the experience from the author's point of view. It is a type of communication in which you want to transmit an experience, without following the canons of traditional research papers. It is suggested to organize the summary under the following items:

**Description of the experience:** statement of objectives, planning, execution and evaluation. Location in time and space; contextualization; description of the participating actors/subjects; institutional setting where it took place; theoretical



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frame of reference; description of the methodological proposal applied (include all data considered important).

**Analysis and interpretation of the experience developed.** Identify determinants and conditioning factors. Relate them for interpretation. Importance for the author. How it contributed to his/her performance as a member of a health team or of the community. What importance it had for the community.

**Conclusions:** Interpretation of the results: How do I explain what I found? Is it in relation to what the literature says? Which aspects were solved and which were not?

**Proposals, recommendations and contributions to Collective Health:** What impact does the research have? How could it be applied? New lines of work.

### 3) HEALTH PROGRAMS AND PROJECTS

The following structure is suggested:

**Introduction:** State the problem

**Objective:** State the objective or goal of the program being presented.

**Intervention:** What is the program about? How was it implemented? Briefly describe the program. Where it was done, during what period. Characteristics of the population,

Results: Present process indicators and/or program results.

**Conclusions:** interpretation of results, impact, possible limitations, etc.

**Proposals, recommendations and contributions to the Collective Health: they** arise from the results. To indicate how the practices and interventions of health teams and health policies could be improved.

### 4) IMAGES AND OTHER COMMUNICATION TOOLS

This category offers the possibility of communicating topics, experiences or projects related to health that express a conceptual synopsis within an aesthetic framework;





addressed to the community in general as well as to a particular group - e.g., school teachers, health team, etc.

They may use any type of technique to convey the message.

The following structure is suggested:

**Rationale:** why and for what purpose was this work carried out?

**Description of the proposal:** explain the purpose of the communication tool and what is shown in it. It should include the objectives, scope, time-space contextualization, target population, description of the communication tool.

**Proposals, recommendations and contributions to Collective Health:** emerging from the results of the experience reported. Reflections, new challenges.

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